

# Check Request



Event: \_\_\_\_\_

Budget Category	To/Payee	Receipt Invoice	Amount
			\$
			\$
			\$
			\$
			\$
Total Request			\$

Please keep a copy of this form and any attachments for your records.

Requested by: \_\_\_\_\_

Check made payable to: \_\_\_\_\_

Need check by date: \_\_\_\_\_

Mail to: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Approved by: \_\_\_\_\_

Paid Check No: \_\_\_\_\_ Date: \_\_\_\_\_

Send Check Request w/Invoice/Receipt to Treasurer:

Cherry Creek Mortgage Co. – Attn. Charlseay Clone  
4480 Hagadorn Rd. Ste. 101  
Okemos, MI 48864  
Ph. 517-481-4534  
Cell. 406-599-0356  
Email. cclone@ccmclending.com